

## 2019 ORDER FORM SEEDS AND ACCESSORIES



# W.H.PERRON 99

<b>BILLING ADDRESS</b>	<b>Customer # :</b> _____
Family Name: _____ Name: _____ <small>(PLEASE, USE BLOCK LETTERS)</small>	
Address: _____	
City: _____	
Province: _____ Postal code: _____	
Telephone: ( ) _____ Fax: ( ) _____	
E-mail : _____	

<b>SHIPPING ADDRESS</b>	<input type="checkbox"/> Same as billing address
Family Name: _____ Name: _____ <small>(PLEASE, USE BLOCK LETTERS)</small>	
Address: _____	
City: _____	
Province: _____ Postal code: _____	
Telephone: ( ) _____ Fax: ( ) _____	

Make cheque or money order payable to  
**W. H. Perron.** (no post-dated cheque)

**DO NOT FAX YOUR ORDER, if payment is made by cheque or money order.**  
Mail to: W.H.PERRON, 2914 Cure-Labelle Blvd, Laval, Quebec H7P 5R9  
\* Credit card will be charged upon receipt of order.  
\*\*No C.O.D. orders will be accepted.

<b>METHOD OF PAYMENT</b>	 																									
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<small>Month</small>				<small>Year</small>																						
Exp. Date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <b>3 digit security code (back of card)</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>																										
Cardholder signature: _____																										

PAGE	DESCRIPTION	ITEM NUMBER	QTY	UNIT PRICE	TOTAL	
					\$	¢
<b>CONTINUE ON REVERSE</b>				<i>Carry this total next page.</i>		

